

Arizona Department of Administration
Benefit Services Division



Open Enrollment
Benefit Guide

Active State Employees
Plan Year
2008 - 2009



Benefit Options
Choice. Value. Health.

Benefit Options
Wellness
Be Well Stay Well.

IMPORTANT CONTACT INFORMATION

Contact	Phone Number	Web Address	Policy Number
Medical Plans			
UMR (formerly Fiserv Health Harrington) Arizona Foundation, Beech Street, RAN + AMN Healthcare	1.888.999.1459	www.myazhealth.com	3J
TDD/TTY	1.866.503.3463		
United Healthcare	1.800.896.1067	www.myuhc.com	705963
TDD/TTY	1.888.697.9055		
Pharmacy			
Walgreens Health Initiatives	1.866.722.2141	www.mywhi.com	512298
Dental Plans			
Delta Dental	602.588.3620 or 1.866.9state9	www.deltadentalaz.com	7777-0000
Total Dental Administrators Health Plans, Inc. (TDAHP)	602.381.4280 or 1.866.921.7687	www.totaldentaladmin.com	680100
Vision Plan			
Avesis, Inc.	1.800.828.9341	www.avesis.com	10790-1040
Flexible Spending Accounts			
ASI - Member Services	1.800.659.3035	www.asiflex.com / email: asi@asiflex.com	
Life and Short Term Disability Plans			
Standard Insurance Company	1.866.440.4846	www.standard.com/mybenefits/arizona	617950
Long Term Disability			
Sedgwick CMS (ASRS participants)	1.818.591.9444	www.vpainc.com	
Standard Insurance Company (PSPRS, EORP, CORP, OPT, RET Participants)	1.866.440.4846	www.standard.com/mybenefits/arizona	
Travel Assistance			
MEDEX	1.800.633.8575	www.standard.com/mybenefits/arizona	7088
Other Important Numbers			
Benefit Options Wellness	602.771.WELL	www.benefitoptions.az.gov/wellness email: wellness@azdoa.gov	
Employee Assistance Program	602.771.9355	www.benefitoptions.az.gov/wellness/eap.asp email: wellness@azdoa.gov	
ADOA Benefits Office 100 N 15th Ave #103 Phoenix, AZ 85007	602.542.5008 or 1.800.304.3687	www.benefitoptions.az.gov email: beneissues@azdoa.gov	

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division.

If you need this information in an alternate format, please call 602.542.5008, option 2.

JANET NAPOLITANO
Governor



WILLIAM BELL
Director

ARIZONA DEPARTMENT OF ADMINISTRATION

OFFICE OF THE DIRECTOR

100 N. 15TH AVE., SUITE 401
PHOENIX, ARIZONA 85007
(602) 542-1500

August, 2008

Dear Benefit Options Member:

As a state employee, you are qualified to participate in one of our strongest benefits, the self-insured Benefit Options health plan. There are several changes this year and I invite you to take the time to read all the enrollment material and make your choices carefully during the Open Enrollment period which begins **August 11 and ends September 5, 2008**. Again we are holding a **positive enrollment**, meaning you must **complete your registration in order to obtain coverage**. Positive open enrollment is needed because there are some significant changes in providers, eligibility, and plan design this year. Please see your agency's Benefits Liaison if you have any difficulty enrolling or if you have questions.

One of the changes that you will note this year is a slight increase in cost to you. Employee premiums for health insurance will increase by \$5 per month for a single enrollee, \$10 per month for employee plus one, and \$25 per month for families. These increases apply to the EPO plans and there are also increases to the PPO plans. The State as an employer has absorbed all cost increases for several years and employees have not faced an increase to their premiums. We believe these limited increases are fair and reasonable given the ever-increasing costs of medical care and drug costs.

There are also two new significant eligibility developments: Domestic Partners and Older Children. You will find details in the Open Enrollment Guide accompanying this letter concerning these benefits. Another eligibility related change includes a new tier option, "employee plus one" for dental insurance.

Other benefit changes will have minimal impact on most employees and dependents. Some of these changes increase services, while others institute more control over high cost medical care. We are proud that we can continue to offer such a strong program of services to our employees. Please take time to carefully read the Open Enrollment Guide enclosed and go online to register at our YES website during the upcoming Open Enrollment period.

Should you have questions or concerns, be sure to call the Benefit Options office at 602-542-5008, toll free at 800-304-3687, or visit the website at www.benefitoptions.az.gov.

Sincerely,


William Bell
Director

TABLE OF CONTENTS

What's New	2 - 4
Eligibility Audit Letter	5
2008-2009 Rates	
2008-2009 Rate Charts	6 - 8
Important Information & Benefit Fairs	9
YES Login Process	10
Eligibility and Other Important Information	
Eligibility	11 - 13
Other Important Information	14
Medical	
Medical Plan Information	15
Medical Plan Comparison Chart	16
Pharmacy	
Pharmacy Plan Information	17 - 18
Dental	
Dental Plan Information / Comparison Chart	19 - 20
Vision	
Vision Plan Information	21 - 22
Arizona, National, and International Coverage	
Comparison Chart	23
Employee Wellness	
Wellness Program Information	24 - 26
Life Insurance	
Life Insurance Benefits	27
Disability Benefits	
Short Term and Long Term Disability Plan Information	28 - 29
Medical and Dependent Care Flexible Spending Accounts	
Flexible Spending Account Information	30 - 32
Flexible Spending Account Worksheet	33
Questions and Answers	
Open Enrollment Q&A's	34 - 35

The Benefit Options Guide is designed to provide an overview of the Benefit Options Program and the benefits offered through the State of Arizona. The actual benefits available to you and the descriptions of these benefits are governed, in all cases, by the relevant Plan Descriptions and contracts. The State of Arizona reserves the right to modify, change, revise, amend or terminate these benefit plans at anytime.

WHAT'S NEW FOR PLAN YEAR 2008-2009

Eligibility Changes:

There are two new significant developments: **Domestic Partners** and **Older Children**. Here is a brief summary of the requirements for each:

Domestic Partners: must share residence with employee or retiree and have done so continuously for the past 12 months; not legally married to or separated from anyone else; not a close blood relative; at least 18 years old; meets certain financial interdependency tests. See the Eligibility Section on pages 11-13 of this booklet for full details.

Older Child: is younger than 25 years; unmarried; was covered by an Arizona Department of Administration (ADOA) insurance plan while 18 years of age; resides in Arizona; and is a natural child, adopted, stepchild, or employee was a court-ordered guardian when the child was 18 years or younger. See the Eligibility Section on pages 11-13 of this booklet for full details.

Schaller Anderson:

The Schaller Anderson Healthcare provider contract will not be renewed for the next health plan year beginning October 1, 2008. All members will be given other provider options during open enrollment and any on-going medical needs will be handled under a transition of care plan worked out between the Department of Administration, Schaller Anderson Healthcare and Strategic Health Development Corporation.

Dental Services:

The number of dental providers has been reduced from four to two, however ADOA Benefit Options is still offering a pre-paid plan (Total Dental Administrators Health Plan, Inc.) and a PPO plan (Delta Dental of Arizona). Additionally, ADOA Benefit Options expanded the tiers to include an employee plus one tier as was implemented with the medical plans last year.

Employee contributions:

Employee contributions toward their health insurance increased slightly for the Plan Year 2008-2009. Single coverage increases from \$25 to \$30 per month, employee plus one coverage increases from \$50 to \$60; and family coverage increases from \$125 to \$150 per month.

Medical Management:

For those using the RAN+AMN, Beech Street or Arizona Foundation networks, ADOA Benefit Options has changed Medical Management companies to Strategic Health Development Corporation (Strategic). ADOA Benefit Options contracted with Strategic in February of 2008 to take over utilization management and review tasks previously performed by the Schaller Anderson Healthcare group. Strategic handles prior-authorizations, review of hospital admissions and stays, and provides case management and disease management services for members covered under the RAN+AMN, Beech Street and Arizona Foundation networks.

Hearing aids:

Previously this benefit paid up to \$2,000 per year (whether you needed one or two hearing aids). It is now \$1,500 per ear. Also, now ADOA Benefit Options will cover repair and cleaning for all hearing aids. For cochlear implants, batteries will now be covered.

CAT/CT imagery:

Prior-authorization will be required for these procedures. Authorizations requests are submitted by your physician. ADOA Benefit Options already requires prior-authorization for MRI's and PET scans.

Injection prior-authorizations:

Any injections costing more than \$350 each and administered at a physician's office will require a prior-authorization. If you are impacted by this change, you may consult with your physician as to whether or not your condition allows you to self-administer injections after proper training.

Specific drug controls:

Due to the need to manage excessive costs of certain high dollar medications, ADOA Benefit Options will continue reviewing clinical appropriateness criteria for identified medications. Your physician may be asked to demonstrate the need for these particular drugs when cost effective alternatives are available. Examples include Oxycontin and Actiq.

Independent Medical Assessments:

ADOA Benefit Options reserves the right to require independent medical assessments in cases of high cost treatment plans. This process has been designed to assure the resources ordered are both required and appropriate for the conditions present. Because medical technology advances so quickly, ADOA Benefit Options wants to make sure that you are receiving both necessary care and the best available care within the limits of our coverage.

Inappropriate Care:

The Federal Centers for Medicare and Medicaid Services (CMS) has launched an initiative to make providers responsible for additional medical services needed as a result of avoidable complications. ADOA Benefit Options intends to follow the CMS guidelines and refuse payment for avoidable complications.

Autism Coverage:

Note this is a future event that begins July 1, 2009. Starting July, 2009, autism related services will increase pursuant to a newly passed state law. Therapeutic services for those diagnosed with autism will be the primary area of expansion.

Wellness and Mayo Clinic team up to offer the annual Health Assessment:

Benefit Options Wellness' newest addition is the Mayo Clinic Health Assessment, a professionally developed questionnaire, designed to help members become knowledgeable about their health. August 11, 2008 through January 30, 2009 members will have access to the Health Assessment online through the Mayo Clinic EmbodyHealth Web Portal at www.bewellstaywell.az.gov. The Health Assessment takes only 15 minutes to complete and offers members an opportunity to improve their health through progressive lifestyle changes. All participants will receive a FREE T-shirt and be entered into a drawing for 500, \$25 awards. Upon completion of the Health Assessment, members may also be eligible for FREE one-on-one telephonic EmbodyHealth Coaching. Participants can choose from five EmbodyHealth modules including: Healthy Weight, Exercise, Stress, Tobacco Cessation, and Nutrition. Once enrolled in EmbodyHealth Coaching the Mayo Clinic professionals will provide support to help employees set goals, implement lifestyle changes, and improve and maintain health.

Benefit Options Wellness is proud to offer the Mayo Clinic EmbodyHealth package of services through the EmbodyHealth web portal www.bewellstaywell.az.gov, and encourages employees to take an active role in their health by logging on and utilizing these valuable resources.

ATTENTION: ELIGIBILITY AUDIT NOTIFICATION

PLEASE READ CAREFULLY



JANET NAPOLITANO
Governor

WILLIAM BELL
Director

ARIZONA DEPARTMENT OF ADMINISTRATION OFFICE OF THE DIRECTOR

100 N. 15TH AVE., SUITE 401
PHOENIX, ARIZONA 85007
(602) 542-1500

August, 2008

Dear State Employee:

The Department of Administration's Benefit Services Division (BSD) will soon undertake a dependent eligibility audit of members in the Benefit Options health plans. This audit is one among several scheduled since the State moved to self-insurance. All reviews are to ensure that public funds are being appropriately expended. Arizona Revised Statutes § 35-181.02 requires us to "...establish procedures for the return and resolution of any claim for which funds are not available or which payment is contrary to law."

These audits will begin about October 1, 2008, for employees and sometime in 2009 for retirees. If at the time of audit no errors or misrepresentations are discovered in your benefits file, it is not our current intent to look further. However, if at the time your account is reviewed, we find that any of your claimed dependents are not eligible for services, a retrospective audit will be done to identify any medical charges paid on behalf of such dependents since October 1, 2004. If medical claims were erroneously paid, the State will seek recovery. If you are currently employed by the State, any misrepresentation may be reported back to your agency's management and may subject you to disciplinary action.

If you are currently employed by the State, your Agency Benefits Liaison will be in touch with you should your name be chosen for audit; if you are a retiree, you will be contacted directly. You will be given a reasonable period of time (60 days) to produce evidence of a claimed dependent's eligibility.

Sincerely,

A handwritten signature in cursive script, appearing to read "W. Bell".
William Bell
Director

MONTHLY SUMMARY OF INSURANCE RATES 2008 - 2009

HEALTH INSURANCE

Monthly Premiums	In-State EPO			In-State PPO			Out-of-State PPO		
	Employee	State	Total	Employee	State	Total	Employee	State	Total
Tier 1 - Employee Only	\$30	\$446	\$476	\$145	\$598	\$743	\$30	\$777	\$807
Tier 2 - Employee + One	\$60	\$893	\$953	\$290	\$1,186	\$1,476	\$60	\$1,534	\$1,594
Tier 3 - Family	\$150	\$1,158	\$1,308	\$415	\$1,580	\$1,995	\$150	\$2,020	\$2,170

Plans Available	In-State EPO	In-State PPO	Out-of-State PPO	Benefit Options Choice. Value. Health.
Counties/Area				
Gila, Maricopa, Pima, Pinal, Santa Cruz	RAN+AMN, UHC	Arizona Foundation, UHC		
All Other Counties	RAN+AMN	Arizona Foundation		
Out of State			Beech Street	

EPO / OUT-OF-STATE PPO OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$30	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$60	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$150	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$30	\$30	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$60	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$30	\$30	Y
07	Employee + post-tax Dependents	3	both	\$30	\$120	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$60	\$90	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$150	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$30	\$120	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$60	\$90	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$150	\$0	N

IN-STATE PPO OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$145	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$290	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$415	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$145	\$145	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$290	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$145	\$145	Y
07	Employee + post-tax Dependents	3	both	\$145	\$270	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$290	\$125	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$415	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$145	\$270	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$290	\$125	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$415	\$0	N

* Imputed income is the portion of premiums the State pays for an individual that does not qualify as your tax dependent. Refer to page 13 for additional information.

MONTHLY SUMMARY OF INSURANCE RATES 2008 - 2009

DENTAL & VISION RATES

DELTA DENTAL			TDAHP (TOTAL DENTAL)			Benefit Options Choice. Value. Health.
Monthly Premiums	Employee	State	Total	Employee	State	Total
Tier 1 - Employee Only	\$16	\$17	\$33	\$5	\$5	\$10
Tier 2 - Employee + One	\$37	\$37	\$74	\$9	\$10	\$19
Tier 3 - Family	\$63	\$62	\$125	\$14	\$14	\$28

DELTA DENTAL OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$16	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$37	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$63	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$16	\$21	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$37	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$16	\$21	Y
07	Employee + post-tax Dependents	3	both	\$16	\$47	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$37	\$26	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$63	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$16	\$47	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$37	\$26	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$63	\$0	N

TDAHP (TOTAL DENTAL) OPTIONS AVAILABLE AND TAX IMPACT						
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem	* Imputed Income
01	Employee	1	pre	\$5	\$0	N
02	Employee + 1 pre-tax Dependent	2	pre	\$9	\$0	N
03	Employee + pre-tax Dependents	3	pre	\$14	\$0	N
04	Employee + post-tax Domestic Partner	2	both	\$5	\$4	Y
05	Employee + pre-tax Domestic Partner	2	pre	\$9	\$0	N
06	Employee + 1 post-tax Dependent	2	both	\$5	\$4	Y
07	Employee + post-tax Dependents	3	both	\$5	\$9	Y
08	Employee + 1 pre-tax Dependent + post-tax Domestic Partner	3	both	\$9	\$5	Y
09	Employee + pre-tax Dependents + Domestic Partner	3	pre	\$14	\$0	N
10	Employee + post-tax Domestic Partner + post-tax Dependent(s)	3	both	\$5	\$9	Y
11	Employee + 1 pre-tax Dependent + post-tax Dependent(s)	3	both	\$9	\$5	Y
12	Employee + pre-tax Dependents + post-tax Dependent(s)	3	pre	\$14	\$0	N

AVESIS VISION OPTIONS AVAILABLE AND TAX IMPACT					
Code	Description	Tier	Pre/Post/ Both	Pre-Tax Prem	Post-Tax Prem
05	Employee	1	pre	\$6.34	\$0
06	Employee + pre-tax Dependent	3	pre	\$17.18	\$0
04	Employee + post-tax Dependent(s)	3	both	\$6.34	\$10.84

* Imputed income is the portion of premiums the State pays for an individual that does not qualify as your tax dependent. Refer to page 13 for additional information.

Benefit Options

Choice. Value. Health.

CONTRIBUTIONS TO ARIZONA BENEFIT OPTIONS 2008-2009

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

MONTHLY PREMIUMS - SUPPLEMENTAL LIFE AND AD&D PLAN		MONTHLY PREMIUMS - DEPENDENT LIFE AND AD&D PLAN	
YOUR AGE	COST PER \$5,000	COVERAGE AMOUNT	YOUR COST
29 AND UNDER	\$0.50	\$2,000.00	\$0.94
30-34	\$0.60	\$4,000.00	\$1.88
35-39	\$0.70	\$6,000.00	\$2.82
40-44	\$1.20	\$12,000.00	\$5.64
45-49	\$1.60	\$15,000.00	\$7.05
50-54	\$2.60	MONTHLY PREMIUMS - SHORT TERM DISABILITY PLAN YOUR COST - MONTHLY \$0.87 per \$100 of your monthly base salary Monthly premium = (Monthly base salary/100) x \$0.87 Example: Monthly base salary = \$1000; Monthly premium = (\$1,000/100) x \$0.87 = \$8.70/month	
55-59	\$3.70		
60-64	\$6.70		
65-69	\$6.70		
70+	\$10.60		

IMPORTANT INFORMATION

Enrollment Dates and Times

Open Enrollment will begin Monday, August 11th at 8 a.m. and will end on Monday, September 5th at 5 p.m. (Arizona time). Changes made during Open Enrollment will become effective October 1, 2008.

Information To Gather Prior To Enrolling

- Your Employee Identification Number (EIN). Your EIN may be found on your paycheck, time sheet, or you can contact your agency human resource office.
- Dependent names and dates of birth. You will need this information to add any eligible dependents to your benefits coverage.
- Beneficiary or Trust information. You will need this information if you wish to make changes to your beneficiary or trust information.

Any employee enrolling a domestic partner or older child will be REQUIRED to elect their benefits this year using the paper process. The requirements along with the benefit enrollment form, affidavit, and declaration of tax status will be posted on the following website:

www.benefitoptions.az.gov/2008OE/requiredforms

Who To Contact With Questions

If you have questions regarding Open Enrollment after reviewing this packet, you may contact ADOA Benefits via email or telephone. You may also contact your agency benefits liaison.

You may reach the ADOA Service Center by calling 602.542.5008 or toll-free 800.304.3687. The Service Center will be staffed from 8 a.m. to 5 p.m. Monday through Friday (Arizona time) throughout the Open Enrollment period. Send your email questions to [*beneissues@azdoa.gov*](mailto:beneissues@azdoa.gov). For more Open Enrollment and benefits plan information, visit our website at [*www.benefitoptions.az.gov*](http://www.benefitoptions.az.gov).

OPEN ENROLLMENT BENEFIT FAIRS

You are invited to attend any benefit fair(s) that is (are) convenient for you.

August 19th - ADOA Lobby - 10:00am - 2:00pm - 100 N. 15th Ave., Phoenix, AZ 85007

August 20th - (Tempe) Four Points Sheraton - 10:00am - 2:00pm - 1333 S. Rural Rd., Tempe, AZ 85281

August 21st - (Tucson) Marriott Park Hotel - 10:00am - 2:00pm - 880 E. 2nd St., Tucson, AZ 85719

August 27th - ADOA Lobby - 10:00am - 2:00pm - 100 N. 15th Ave., Phoenix, AZ 85007

August 28th - (Flagstaff) Du Bois Center - 10:00am - 2:00pm - 306 E. Pine Knoll Dr., Flagstaff, AZ 86011

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division.

If you need this information in an alternate format, please call 602.542.5008, option 2.

YES LOGIN PROCESS

To get started, go to www.yes.az.gov

If you have already established your User Name and Password, click on Log In. You will be prompted to enter your User Name and Password.

If you are a first-time user to the YES site, click on New User to set up your password and establish your user information.

If you have forgotten your password and/or wish to change your password, click on Forgot Password and follow the on-screen instructions.

To set up or change your password, you will need to enter the following information in the State Employees/Power User box:

- User ID - This is your Employee Identification Number (EIN) which can be found on your timesheet or paycheck stub, preceded by either three or four zeros. (See note below)
- Last 4 digits of your Social Security Number
- Date of Birth

After your information has been entered, click on the “Login” button. You will be prompted to establish a password. Please note the following criteria when creating your password:

- Password MUST be between 8 and 12 characters
- Password CAN ONLY contain letters and numbers
- Password MUST have at least 2 letters and 2 numbers
- Password IS case sensitive

For verification, you will be asked to retype your password and it must match exactly. Click on the “Submit” button to continue.

If successful, you will receive a message stating that your password has been updated. Click on the YES link which will take you back to the YES login page. At the login page, click on the Log In link and you will be prompted to enter your User Name and Password.

NOTE: As a reminder, your User Name is your EIN. When logging into the YES site, your User Name must contain nine digits. Since an EIN is either five or six digits in length, you will need to add in either three or four zeros before your EIN to equal nine digits. See examples below:

- If your EIN is five digits (12345), you will type four zeros, then your EIN to make up nine digits (e.g., 000012345)
- If your EIN is six digits (123456), you will type three zeros, then your EIN to make up nine digits (e.g., 000123456)

Once your User Name and Password have been entered, click on the “Ok” button which will bring you to the YES homepage.

Persons with a disability may request reasonable accommodation by contacting the Benefit Services Division. If you need this information in an alternate format, please call 602.542.5008, option 2.

ELIGIBILITY

Active employees regularly scheduled to work 20 hours or more per week for six months or longer (except those listed below as ineligible) and their qualified dependents may participate in the Benefit Options Programs, provided they comply with the contractual requirements of their selected plans.

Ineligible Employees

- A Employees who work fewer than 20 hours per week
- B Employees in seasonal, temporary or emergency positions
- C Patients or inmates employed in State institutions
- D Non-State employee officers and enlisted personnel of the National Guard of Arizona
- E Employees in positions established for rehabilitation purposes
- F Student and work study employees

Eligible Dependents

At Open Enrollment you may add or remove the following dependents to your plans, however, proper documentation may be required.

- A Your legal spouse
- B Your domestic partner subject to the following qualifications:
 - a. Shares the employee's or retiree's permanent residence;
 - b. Has resided with the employee or retiree continuously for at least 12 consecutive months before filing an application for benefits and is expected to continue to reside with the employee or retiree indefinitely as evidenced by an affidavit filed at time of enrollment;
 - c. Has not signed a declaration or affidavit of domestic partnership with any other person and has not had another domestic partner within the 12 months before filing an application for benefits;
 - d. Does not have any other domestic partner or spouse of the same or opposite sex;
 - e. Is not currently legally married to anyone or legally separated from anyone else;
 - f. Is not a blood relative any closer than would prohibit marriage in Arizona;
 - g. Was mentally competent to consent to contract when the domestic partnership began;
 - h. Is not acting under fraud or duress in accepting benefits;
 - i. Is at least 18 years of age; and
 - j. Is financially interdependent with the employee or retiree in at least three of the following ways:
 - i. Having a joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
 - ii. Holding one or more credit or bank accounts jointly, such as a checking account, in both names;
 - iii. Assuming joint liabilities;
 - iv. Having joint ownership of significant property, such as real estate, a vehicle, or a boat;
 - v. Naming the partner as beneficiary on the employee's life insurance, under the employee's will, or employee's retirement annuities and being named by the partner as beneficiary of the partner's life insurance, under the partner's will, or the partner's retirement annuities; and
 - vi. Each agreeing in writing to assume financial responsibility for the welfare of the other, such as durable power of attorney; or
 - vii. Other proof of financial interdependence as approved by the Director.

ELIGIBILITY- CONTINUED

C Child defined as;

- a. Natural, adopted and/or stepchild unmarried and under age 19, or under 25 if a full time student at an accredited educational institution.
- b. Minors under the age of 19 for whom the employee-member has court-ordered guardianship
- c. Foster children under the age of 19
- d. Children placed in the employee's home by court order pending adoption
- e. Natural, adopted and/or stepchildren who were disabled prior to age 19

D Older Child as qualified by;

- a. A dependent younger than 25,
- b. A dependent who is unmarried
- c. A dependent who was covered by a health insurance plan made available by the state during the year that the individual was 18, and
- d. A dependent that resides in Arizona, if the individual is:
 - i. A natural child, adopted child, or stepchild of an employee, officer, retiree, or former elected official;
 - ii. A natural child, adopted child, or stepchild of a domestic partner;
 - iii. A child for whom an employee, officer, retiree, or former elected official received a court-ordered guardianship when the child was 18 years old or younger.

Please note: If your dependent child is approaching age 19 and is disabled, application for such continuation of dependent status must be made within 31 days of the child's 19th birthday. You will need to provide verification that your dependent child has a qualifying permanent disability, in accordance with Social Security Administration guidelines, that occurred prior to his or her 19th birthday.

Dependent Documentation Requirements

If you are enrolling a spouse or dependent whose last name is different from your own, the dependent's coverage will not be processed until supporting documentation such as a marriage license for a spouse or a birth certificate or court order for dependents, is provided to the ADOA Benefits Office. If your dependent is a full-time student over the age of 18, your insurance carrier will request a copy of the dependent's class schedule.

Qualified Medical Child Support Order (QMCSO)

You may not terminate coverage for a dependent covered by a QMCSO.

If You and Your Spouse or Domestic Partner are both State Employees

If both you and your spouse or domestic partner are benefits-eligible State of Arizona or university employees, you cannot carry coverage under your name with the State and also be covered under your spouse or domestic partner through the State. Under no circumstances may an employee elect dual coverage.

Tax Treatment of Health Coverage Provided to Older Children, Domestic Partners & Domestic Partner's Children

Medical and dental benefits are available for domestic partners, a domestic partner's child and an older child of an eligible employee.

Under federal tax law, the portion of the premiums the State pays for the coverage of an individual who does not qualify as your tax dependent, as defined below, will be included in your gross income, subject to federal income tax withholding and employment taxes (FICA and Medicare) and will be reported on your Form W-2. Since the amount included in your gross income is not a cash payment to you, it is considered "imputed income" and will show on your pay stub as an addition to your income for tax purposes only. Additionally, the portion of the premium you pay that is related to the coverage of such an individual who is not a tax dependent will be taken as a post-tax deduction rather than a pre-tax deduction.

If your older child, domestic partner or domestic partner's child is your tax dependent, then no portion of the premiums paid by the State will be subject to federal withholding and employment taxes. These individuals may qualify as your tax dependent under Internal Revenue Code Section 152 (as modified by Code Section 105(b) and by IRS Notice 200479) for health coverage purposes only if the following conditions are met: the individual lives with you as a member of your household for the entire calendar year, (this requirement applies only to a domestic partner or a domestic partner's child), during the calendar year you provide more than half of the individual's total support, the individual is not your (or anyone else's) "qualifying child" under Code Section 152(c), and the individual is a U.S. citizen, a U.S. Resident Alien, a U.S. national, or a resident of the U.S. Canada, or Mexico. The individual could be your tax dependent even if you do not claim an exemption for him or her on your Form 1040.*

If the individual qualifies as your tax dependent, imputed income will not apply and, therefore, no taxes from imputed income will be deducted. Additionally, the portion of the premium you pay to cover the individual will be on a pre-tax basis. In order to treat an individual as a tax dependent, you must complete a *Declaration of Tax Status* form. The determination of whether the individual is a dependent for tax purposes is solely within your knowledge and must be determined by you. The State cannot make this determination for you. If the State does not receive a properly completed Declaration of Tax Status form from you, we will assume that your older child, domestic partner or domestic partner's child does not qualify as your tax dependent.

*For more information, consult a tax professional. Benefit Options staff cannot give out tax advice.

OTHER IMPORTANT INFORMATION

ID Cards

Typically, ID cards will arrive seven to fourteen business days after your benefits become effective on October 1, 2008. ID cards will be sent separately and are sent directly from the vendor to your home address.

- If you enroll or change Medical plans, new cards will be issued.
- If you enroll or change Dental Plans, new ID cards will be issued.
- If you are newly enrolled in Vision coverage, new ID cards will be issued.
- Contact the vendor directly if you do not receive your cards or if you need additional or replacement cards.
- UnitedHealthcare and Avesis allow members to print temporary ID cards from their website.

Transition of Care Information

If you are a new employee and/or changing from Arizona Foundation, Beech Street, RAN+AMN, or UnitedHealthcare (or from UnitedHealthcare), you may continue an active course of treatment with your health care provider and receive in-network benefits during the pre-approved transition period, if one of the following applies:

1. You have a life threatening disease or condition;
2. If you have been receiving care, and a continued course of covered treatment is Medically Necessary, you may be eligible to receive “transitional care” from the non-Participating Provider;
3. You have entered the third trimester of pregnancy on the effective date of enrollment; or
4. If you are in your second trimester of pregnancy and your doctor agrees to accept our reimbursement rate and to abide by the Plan’s policies and procedures and quality assurance requirements.

There may be additional circumstances where continued care by a provider no longer participating in the network will not be available, such as when the provider loses his license to practice or retires.

You may obtain a copy of the Transition of Care form at www.benefitoptions.az.gov.

Plan Contact Information:

AFMC RAN+AMN Beech Street:
Strategic Health Development Corporation
Transition of Care
9501 N.E. 2nd Avenue
Miami Shores, Florida 33138
Fax: (305) 756 - 1035

UnitedHealthcare
Transition of Care
PO Box 30555
Salt Lake City, UT 84130-0555
Fax: (801) 567 - 5499

MEDICAL PLAN INFORMATION

What plans are available for me to choose from?

There are two types of medical plans offered for active employees. They are the Exclusive Provider Organization (EPO) and the Preferred Provider Organization (PPO).

If you choose an EPO you must obtain services from a contracted provider in your network and your cost is a minimal co-pay. The EPO plans are:

- RAN+AMN
- UnitedHealthcare

If you choose a PPO, it allows in-network and out-of-network treatment. If you obtain treatment out-of-network, you will need to meet a plan year deductible and pay a percentage of all covered services. The PPO plans are:

- Arizona Foundation
- UnitedHealthcare
- Beech Street (Out of State)
- Blue Cross Blue Shield (NAU Only)

What is the cost of medical coverage?

Please refer to your rate chart for information regarding monthly premiums.

How do I find in-network (contracted) providers with my medical plan?

You can perform a provider search on the plan's website, or you may call the plan's customer service line.

When does my coverage become effective?

Changes made during Open Enrollment 2008 will become effective October 1, 2008.

When will I receive my ID cards?

ID cards typically arrive 7-14 business days after your benefits become effective.

MEDICAL PLANS COMPARISON CHART

	EPOs	PPOs	
These plans are available to employees statewide	RAN+AMN EPO	Arizona Foundation Medical Care PPO	
In addition to the plans above, the following plans are offered to employees in Maricopa, Gila, Pinal, Pima, and Santa Cruz counties	UnitedHealthcare EPO	UnitedHealthcare PPO	
This plan is available to employees living out of state.		Beech Street PPO	
DEDUCTIBLE/MAXIMUMS	In-Network Co-Pay	In-Network Co-Pay	Out-of-Network Out-of-Pocket
PCP REQUIRED FOR EACH MEMBER?	NO	NO	NO
PCP REFERRAL REQUIRED TO SEE A SPECIALIST?	NO	NO	NO
PLAN YEAR DEDUCTIBLES INDIVIDUAL	\$0	\$0	\$300
EMPLOYEE + ONE / FAMILY	\$0	\$0	\$600
OUT-OF-POCKET MAXIMUMS INDIVIDUAL	\$0	\$1,000	\$3,000
EMPLOYEE + ONE / FAMILY	\$0	\$2,000	\$6,000
LIFETIME MAXIMUMS	\$0	\$0	\$2,000,000
PHYSICIAN SERVICES Office Visits/consultations	\$10 Max of 1 co-pay/day/provider	\$10 Max of 1 co-pay/day/provider	30%* After Deductible
SPECIALIST VISITS	\$20	\$20	30%* After Deductible
PREVENTATIVE CARE Well Baby, Child and Adult Physical Exams, Annual Well-Women Exams (GYN visit & PAP smear test) Annual Well-Man Exams (Office Visit & PSA blood test), Adult Immunizations (e.g., pneumonia, flu)	\$10	\$10	30%* After Deductible
MAMMOGRAPHY SCREENING (Coverage based on patient age or threat)	\$0	\$0	30%* After Deductible
OUTPATIENT SERVICES Freestanding ambulatory facility or hospital outpatient surgical center	\$0	\$0	30%* After Deductible
HOSPITALIZATION SERVICES Room & Board (private room when medically necessary)	\$0	\$0	30%* After Deductible
Intensive Care	\$0	\$0	30%* After Deductible
Surgeons and Assistants, Anesthesiologists, Pathologists, Radiologist	\$0	\$0	30%* After Deductible
EMERGENCY CARE Urgent Center Care	\$20	\$20	30%* After Deductible
Emergency room	\$125, waived if admitted	\$125, waived if admitted	\$125, waived if admitted
Ambulance (for medical emergency or required interfacility transport)	\$0	\$0	Emergency paid at in-network benefit rate
CHIROPRACTIC	\$10	\$10	30%* After Deductible
PRE-EXISTING CONDITIONS	COVERED	COVERED	COVERED
DURABLE MEDICAL EQUIPMENT	\$0	\$0	30%* After Deductible
BEHAVIORAL HEALTH			
Outpatient	\$10	\$10	\$10
Inpatient	\$0	\$0	30%* After Deductible

*Percentages paid based on Reasonable and Customary Charges.

This is a Summary only; please see Plan Descriptions for detailed provisions.

PHARMACY PLAN INFORMATION

If I change my medical plan, will my pharmacy benefit change? Or, is there a separate enrollment process for the pharmacy benefit?

If you elect any Benefit Options medical plan, Walgreens Health Initiatives (WHI) will be the network you use for pharmacy benefits. Enrollment is automatic when you enroll in a medical plan, and there is no separate cost.

How does the plan work?

The WHI network consists of more than 62,000 participating chain and independent pharmacies nationwide, with 1,000 member pharmacies in Arizona. All prescriptions must be filled at a network pharmacy or through the mail order service. The cost of prescriptions filled out-of-network will not be reimbursed. To find a pharmacy near your home, work address, out-of-town vacation address, or your dependent student's out-of-state address, refer to www.mywhi.com.

Multilingual customer service representatives are available 24 hours a day, 7 days a week at 1.866.722.2141 to assist you.

The WHI plan has a three-tier formulary. The cost for up to a 30-day supply of medication bought at a retail pharmacy is \$10 for a generic drug, \$20 for a preferred (formulary) drug, and \$40 for a non-preferred (non-formulary) drug. You can find information on WHI's formulary and look up the cost for specific drugs at www.mywhi.com.

The Walgreens Health Initiatives Preferred Medication List (PML), also known as a formulary, is a list of medications that will allow you to maximize the value of your prescription benefit. These generic and brand name medications, chosen by a committee of doctors and pharmacists, are available at a lower cost than their more expensive brand-name counterparts. The PML is updated quarterly and as needed throughout the year to add significant new medications as these become available.

Medications that no longer offer the best therapeutic value for the plan are deleted from the PML once a year, and a letter is sent to any member affected by the change. To see what medications are on the PML, log on to www.mywhi.com or contact the WHI Customer Care Center to have a copy sent to you. Sharing this information with your doctor helps ensure you are getting the medications you need which saves money for you and your plan.

What is the “mail order service” and how do I take advantage of it?

A convenient and less expensive mail order service is available for employees who require medications for on-going health conditions, or who will be in an area with no participating retail pharmacy for an extended period of time. Here are a few guidelines and benefits when using the mail order service:

- You must submit a written 90-day prescription from your physician for any new mail order drug.
- You may request up to a 90-day supply of medication for two co-pays.
- You may pay by check or charge your co-pay to a Visa, MasterCard, American Express, or Discover account.
- You may register your email address to receive information on your orders.
- You can order refills online at www.mywhi.com or via phone at 1.866.722.2125.
- One-on-one consultations with a licensed pharmacist are also available at this number.

Clinical Prior Authorization

Prescriptions for certain medications or circumstances require clinical approval before they can be filled, even with a valid prescription. Prescriptions may be limited to quantity, frequency, dosage, or may have age restrictions. The authorization process may be initiated by you, your local pharmacy, or your physician by calling WHI at 1.877.665.6609, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Specialty Pharmacy Program

Certain medications used for treating chronic or complex health conditions are handled through the Walgreens Specialty Pharmacy. This program assists you with monitoring your medication needs for certain conditions and by providing patient education. The Specialty Pharmacy Program includes monitoring of specific injectable drugs and other therapies requiring complex administration methods, special storage, handling, and delivery. Specialty medications are limited to a 30-day supply and may be obtained only at a Walgreens retail pharmacy or via Walgreens Specialty Pharmacy. Call Walgreens Specialty Pharmacy at 1.888.782.8443 for further information on this program.

A Specialty Care Representative may contact you to facilitate your enrollment in the WHI Specialty Pharmacy Program. Trained Specialty Care pharmacy staff are available 24 hours a day, 7 days a week, to assist you. You may also enroll directly into the program by calling 1.888.782.8443.

Non-Covered Drugs

Certain medications are not covered as part of the Benefit Options plan. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

DENTAL PLAN INFORMATION

Following is a brief description of the dental plans available through Benefit Options. For a complete listing of covered services for each plan, please refer to the plan description located on the website, www.benefitoptions.az.gov.

What plans are available for me to choose from?

Employees may choose between two plan types. They are the Prepaid and the Preferred Provider Organization (PPO) plans.

Prepaid Plans

- You must see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums.
- No claim forms.
- No waiting periods.
- Pre-existing conditions are covered.
- Set co-payments for services provided by your general dentist and specialist.

Total Dental Administrators Health Plan, Inc. (TDAHP)

Each family member may choose a different general dentist. You can change your dentist by contacting TDAHP by telephone or using the "change my dentist" function on the website www.totaldentaladmin.com.

Fixed prosthodontic procedures (crowns and bridges) and removable prosthodontic procedures (full and partial dentures) have set lab fees.

Members may self-refer to Dental Specialists within the network. Specialty care (root canals, periodontics, oral surgery, and orthodontics) is provided at the copayment listed in the Plan Booklet. Specialty services not listed are provided at a discounted rate. This discount also includes pedodontic and TMJ care.

Indemnity/PPO Plans

- You may see ANY licensed dentist anywhere in the world.
- Deductible and/or out-of-pocket payments apply.
- You have a maximum benefit of \$2,000 per person per plan year for dental services.
- There is a maximum lifetime benefit of \$1,500 per person for orthodontia.
- You may need to submit a claim form for eligible expenses to be paid.
- Benefits may be based on reasonable and customary charges.

Delta Dental

Over 80 percent of Arizona's licensed dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or co-payments are met. Amounts billed by network providers in excess of the allowable fee will not be billed to the patient. If you choose to see a non-participating dentist, Delta will still provide benefits, although typically at reduced levels.

DENTAL PLANS COMPARISON CHART

	TDAHP Total Dental Administrators	Delta Dental
PLAN TYPE	Prepaid	Indemnity/PPO
DEDUCTIBLES	None	\$50/\$150
PREVENTIVE CARE	Co-Pay	Co-Insurance
Office Visit	\$0	\$0 Deductible Waived*
Oral Exam	\$0	\$0 Deductible Waived
Prophylaxis/Cleaning	\$0	\$0 Deductible Waived
Fluoride Treatment (to age 19)	\$0	\$0 Deductible Waived
X-Rays	\$0	\$0 Deductible Waived
BASIC RESTORATIVE		
Office Visit	\$0	0
Sealants	\$10/tooth	20%
Fillings	Amalgam: \$10 - \$37 Resin: \$26 - \$76	20%
Extractions	Simple: \$30 Surgical: \$60	20%
Periodontal Gingivectomy	\$225	20%
Oral Surgery	\$30 - \$145	20%
MAJOR RESTORATIVE		
Office Visit	\$0	0
Crowns	\$270 + \$185 Lab Fee (\$455)	50%
Dentures	\$300 + \$275 Lab Fee (\$575)	50%
Fixed Bridgework	\$270+\$185 Lab Fee (\$455), per unit	50%
Crown/Bridge Repair	\$75	50%
Inlays	\$250 - \$327	50%
ORTHODONTIA		
Child	\$2,800 - \$3,400	50%
Adult	\$3,200 - \$3,700	50%
TMJ Services		
Exam, services, etc.	20% Discount	No coverage
MAXIMUM BENEFITS		
Annual combined preventive, basic, and major services	No dollar limit	\$2,000/person
Orthodontia Lifetime	No dollar limit	\$1,500/person

**Office visit and exams of any type are covered only two times a year at 100%.
This is a Summary only; please see Plan Descriptions for detailed provisions.*

VISION PLAN INFORMATION

Coverage for vision examinations and corrective eyewear is available through Avesis, Incorporated. Employees are responsible for the full premium cost of this voluntary plan for themselves and their dependents.

You may receive services from either a participating or a non-participating provider *once per plan year*. Exceptions are the LASIK benefit which is available one time only and only with a participating LASIK center, and additional eyewear benefit which you may use as many times as you wish with a discount within a participating provider's office.

Participating Provider

To find a participating provider, either go online to www.avesis.com or call Avesis customer service at 1.800.828.9341. Then call the provider and identify yourself as an Avesis member employed by the State of Arizona and schedule your appointment. You can choose to receive your services from a participating optometrist, ophthalmologist or selected retail chain store.

Participating Provider Fee Schedule	Co-pay	Allowance Given to Employee
1) Vision examination and one of the following:	\$10	
a) Single, bifocal, trifocal, or lenticular lenses and frame		\$100 - \$150 allowance
b) Contact Lens*		\$130 allowance
c) LASIK Surgery		\$150 allowance
2) Options (E.g. Progressive lens, tinting, coatings, transitional lens)		20% discount from provider's fee

* Contact lenses would be covered in full if considered medically necessary.

Non-participating Provider

If services are received from a non-participating provider, you will pay the provider at the time of service and submit a claim to Avesis for reimbursement. The claim must be filed within three months from the date of service and include your name, member ID number and mailing address, the patient's name and date of birth, the group name and number, and an itemized statement of services. An out-of-network reimbursement form is available by visiting the Avesis website at www.avesis.com.

Non-Participating Provider Fee Schedule / Amount Employee is Reimbursed			
Vision Examination	Up to \$50	Frames	Up to \$50
Single Vision Lenses	Up to \$30	Options (e.g. tinting, coatings)	\$0
Bifocal Lenses	Up to \$45	Contact Lens Benefit*	see below
Trifocal Lenses	Up to \$55	Elective	\$150
Lenticular Lenses	Up to \$110	Medically Necessary	\$300
Progressive Lenses	Up to \$45	LASIK Surgery	\$0

*Member may choose to receive one of the following within their plan period: 1) spectacle lenses and a frame, OR the contact lens benefit. The Contact Lens Benefit takes the place of the exam, lenses and frame within that plan period.

This is a brief description of your voluntary vision care plan available through Benefit Options. For a complete listing of covered services for this plan, please refer to the plan description located on the website, www.benefitoptions.az.gov or contact Avesis directly at 1.800.828.9341.

ARIZONA, NATIONAL, AND INTERNATIONAL COVERAGE (Medical, Dental, and Vision)

	Within Arizona	Within United States	International
MEDICAL CARE			
EPO Plans			
RAN+AMN	Covered in-network	Covered using Beech Street Provider	Emergency and Urgent Only
UnitedHealthcare	Covered in-network	Covered using UHC EPO Provider Network	Emergency and Urgent Only
PPO Plans			
Arizona Foundation	Covered in/out-network	Covered using AZF PPO in/out-network or Beech Street Provider	Emergency and Urgent Only
Beech Street	Covered in/out-network	Covered in/out-network	Emergency and Urgent Only
UnitedHealthcare	Covered in/out-network	Covered using the UHC PPO in/out provider network	Emergency and Urgent Only
NAU Only			
Blue Cross Blue Shield PPO		Outside AZ: Covered as in-network only if you receive covered services from a provider who participates as a PPO provider with the local BCBS plan. For assistance in locating a local BCBS network provider in another state, call 1.800.810.2583.	For assistance with locating a provider and submitting claims, call 1.800.810.2583 or 1.804.673.1686. For an international claim form, go to www.bcbs.com/bluecardworldwide/index.html
PHARMACY			
Walgreens Health Initiatives	Covered in-network	Covered in-network	Not Covered
DENTAL CARE			
Prepaid Plans			
Total Dental Administrators Health Plan, Inc.	Covered in-network	Emergency Only	Emergency Only
PPO Plans			
Delta Dental	Covered in/out-network	Benefits are covered as in-network through participating providers and non-network under non-participating provider benefits.	Coverage is available under non-participating provider benefits.
VISION CARE			
Avesis	Covered in-network	Covered using in-network providers. You may call 1.800.828.9341 to locate a vision provider in the area in which you are traveling.	Covered as out-of-network and will be reimbursed based on the Avesis reimbursement schedule

Note: Treatment will be subject to the Plan Description

EMPLOYEE WELLNESS

Benefit Options Wellness is committed to helping employees and their dependents be well today and stay well for life. The Wellness Program is designed to enhance the overall health and quality of life for State of Arizona employees and is one of the most important long term benefits available to our health plan members.

The Program mission is to improve the wellness of State of Arizona employees as a whole by empowering each employee with health knowledge and an ability to demonstrate positive health behaviors. To accomplish our mission, the Wellness Program provides free or low cost educational programming, health screenings, immunizations, interactive web tools, and health improvement services.

In the last year, Wellness provided over 500 worksite events serving nearly 14,000 participants. The flu vaccination program is one of the most successful and valuable programs Wellness offers. During the 2007 flu season, 16,971 employees, retirees and family members received free flu vaccinations through the Wellness Program. This year, Wellness is working hard to improve upon last year's successes and best serve our employees. The flu vaccine campaign will be scheduled October 1 through December 30 at work sites and public clinics.

Services the Wellness Program offers:

Health Education classes for nutrition, stress management, chronic diseases and more.

These 1-2 hour courses or educational series can be requested for state work site events or can be tailored for division meetings, fairs, and conferences. Wellness is currently in the process of selecting vendors for classes and more information will be available on the Wellness website after September 1st, 2008.

Mini-health Preventative Screening

The work site mini-health screen focuses on prevention and early detection of Heart Disease and Diabetes. Tests included in this screening are a full lipid panel, blood pressure, body composition, and blood glucose. Our vendors also offer optional screens such as osteoporosis or a PSA.

Mobile Onsite Mammography

To prevent cancer through early detection, mammograms are offered at work sites across Arizona. For convenience, employees' results are sent directly to their physician, and appointments only last 15 minutes.

Skin Cancer Screening

Skin cancers are the most prevalent of all cancers. Arizonans should be particularly aware of the hazards of overexposure to sunlight. This 10 minute screening with a Nurse Practitioner includes a visual assessment for suspicious lesions, educational information about sun exposure and prevention techniques.

Flu vaccine program (October 1, 2008 through December 30, 2008)

While hand washing and warding off germs is important, an annual flu shot is still considered the best way to protect against the flu virus. Wellness provides free flu shots at many State work sites and public clinic locations for employees and Benefit Options members. During the flu vaccine campaign dates, more information can be found on the Wellness website at www.benefitoptions.az.gov.

Annual Mayo Clinic Health Assessment (August 11, 2008 through January 30, 2009)

Benefit Option Wellness' newest addition is the Mayo Clinic Health Assessment, a professionally developed questionnaire, design to help members become knowledgeable about their health. Members will have access to the Health Assessment online through the Mayo Clinic EmbodyHealth Web Portal at www.bewellstaywell.az.gov. The Health Assessment takes only 15 minutes to complete and offers members an opportunity to improve their health through progressive lifestyle changes. All participants will receive a FREE T-shirt and be entered into a drawing for 500, \$25 awards. Upon completion of the Health Assessment, members may also be eligible for FREE one-on-one telephonic EmbodyHealth Coaching with a Mayo Clinic professional. Participants can choose from five EmbodyHealth modules to make lifestyle changes and improve their health including: Healthy Weight, Exercise, Stress, Tobacco Cessation, and Nutrition.

Other Wellness Program Components

Wellness Program Website – the website provides up-to-date information on Wellness programs, services, and campaigns, and periodic articles with health-related information. An event request form to host a screening or class is also available.

Monthly Newsletter (wellNEWS) – this electronic newsletter is sent via email to designated agency contacts and distributed to all employees. The newsletter is also posted monthly on the Wellness website homepage at www.benefitoptions.az.gov/wellness.

What employees are saying about the services of the Wellness Program:

Wellness Services – “Thank you so much for your help setting up Wellness events for our agency. The Wellness Program has given us great service and our employees are enjoying the programs that come out of your office.”

Mobile Onsite Mammography (MOM) – “If MOM hadn’t been available at work, I wouldn’t have gotten a mammogram. I don’t want to take time off work to get it done, so it’s nice I could do it right at work and it only took 15 minutes!”

Mini-Health Screening – “I was unaware that my cholesterol and blood pressure were high. This screening was a wake up call for me to see my doctor and starting living a healthier lifestyle. Thank you!”

Skin Cancer Screening – “Had it not been for the cancer screening (and my nagging, yet wonderful husband) I could be in some serious trouble now and possibly facing chemotherapy. Thank you, thank you for providing this valuable service to state employees and their families. I urge anyone who even thinks they would like confirmation that the spot on [his/her] arm, leg or wherever, is just a mole or freckle to make an appointment and participate in the screening. It really is worth the time.”

Contact Information

ADOA 602.771.9355 (WELL)
100 N 15th Ave. Suite 103
Phoenix, AZ 85007

Benefit Options Wellness Toll free: 800.304.3687
Email: wellness@azdoa.gov
Website: www.benefitoptions.az.gov/wellness

Benefit Options Wellness is here to help employees be well today and stay well for life.

WELLNESS SERVICE	COST TO EMPLOYEE
Skin Cancer	<i>Free / \$0</i>
Mini Health Screening	<i>Free / \$0</i>
- Osteoporosis - Bone Density Screening	<i>Free for women 40 and older</i>
- Prostate Specific Antigen (PSA) - Prostate Cancer Screening	<i>\$5 co-pay for men 40 and older</i>
Mobile On-site Mammography (MOM)	<i>Free / \$0</i>

LIFE INSURANCE BENEFITS

Basic Life Insurance and AD&D

You are automatically covered for \$15,000 of basic life insurance provided by Standard Insurance at no cost to you. The State also pays for an additional \$15,000 of Accidental Death and Dismemberment (AD&D) insurance coverage. A \$15,000 Seat Belt Benefit may also be payable if you die in an automobile accident and are wearing a seat belt. You are automatically covered in these three programs. No enrollment is necessary.

Supplemental Life Insurance and AD&D

Supplemental coverage is available in increments of \$5,000 if you would like additional insurance beyond what the State provides at no cost to you. Your cost for supplemental life and AD&D insurance is based on your age as of October 1st (the first day of the plan year). Premiums for supplemental life coverage above \$35,000 are paid on an after-tax basis.

You may elect to increase or decrease your supplemental life coverage during Open Enrollment. The maximum amount you may elect is \$20,000. You may increase in multiples of \$5,000, up to a \$20,000 increase per year, decrease your coverage in multiples of \$5,000, or cancel coverage.

The maximum amount of supplemental life insurance that you can elect through the State's group plan is three times your annual base salary or \$300,000, whichever is less. Your employee supplemental AD&D coverage amount is the same as the supplemental life amount that you elect.

In the event of your death, employee life and AD&D benefits are paid to your designated beneficiary. It is important to keep your beneficiary information current. You may change your beneficiary using the web enrollment system during Open Enrollment. Remember: adding a beneficiary does not automatically delete a previously-designated beneficiary. If you wish to change a previously designated beneficiary, you must actively do so while enrolling via the website.

Dependent Life Insurance

You may purchase life insurance coverage for your spouse, domestic partner and/or dependents in the amount of \$2,000, \$4,000, \$6,000, \$12,000, or \$15,000. You do not have to elect any Standard Supplemental coverage for yourself in order to choose this dependent plan. Each person will be covered for the amount you choose for a small monthly premium. In the event of a claim, you are automatically the beneficiary.

SHORT TERM DISABILITY (STD) INSURANCE

If you elect Short Term Disability (STD) insurance and Standard, the insurance carrier, determines you are unable to work due to illness, pregnancy, or a non-work-related injury, you may receive a weekly benefit for up to 26 weeks. The STD Benefits will pay up to 66-2/3% of your pre-disability earnings during your disability. The weekly minimum benefit is \$57.69; the weekly maximum benefit is \$769.27. There are no pre-existing conditions or limitations. You must meet the actively-at-work provision. Coverage becomes effective on the pay period start date following the agency's receipt of completed forms or successful notifications via the YES website. Your Benefits will start on your first day of disability due to accident or the 31st day of disability due to illness or pregnancy, if coverage was elected during your initial new hire/eligibility enrollment period.

If you previously waived STD coverage and enroll during Open Enrollment or due to a Qualified Life Event, your insurance becomes effective as follows:

- On the following October 1 if you apply during Open Enrollment.
- On the date of the Qualified Life Event for changes resulting from births, adoptions and placements for adoption; or, on the later of (a) the date of the Qualified Life Event, and (b) for any other Qualified Life Event, the pay period date following agency receipt of completed forms.

If you become disabled during the first 12 months of coverage, your Benefits will start on the 61st day of disability due to illness or pregnancy.

The Standard STD plan provides a Return to Work incentive program. See plan information for details on this program.

LONG TERM DISABILITY (LTD) INSURANCE

As a Benefits-eligible employee, you are automatically enrolled in one of the State's two Long Term Disability (LTD) programs, starting with your first day of work (participation is mandatory). The retirement system to which you contribute determines the LTD program available to you. Refer to the list below for the name of your LTD program:

Arizona State Retirement System (ASRS): Sedgwick, CMS (formerly VPA, INC) is administered through ASRS. Your LTD benefit will pay up to 66-2/3% of your income earnings during your disability as determined by Sedgwick, CMS and based on supporting medical documentation. Your benefits may be subject to an offset based on Social Security payments, retirement benefits and other disability benefits. LTD benefits can be paid until age 65 or until you are able to return to work after your disability as determined by Sedgwick, CMS.

Medical documentation of your disability is required to continue your payment of Benefits. You may learn more about the LTD plan offered by ASRS by visiting: www.azasrs.gov or calling 602.240.2000 or 1.800.621.3778, if outside of Phoenix. For hearing impaired, please contact TTY 602.240.5333

Public Safety Personnel Retirement System (PSPRS), Corrections Officer Retirement Plan (CORP), Elected Officials' Retirement Plan (EORP), Optional Retirement Plans of the Universities (TIAA-CREF, VALC, and Fidelity Investments): Standard Insurance administered through ADOA. Your LTD Benefit will pay up to 66-2/3% of your monthly pre-disability earnings during your disability as determined by The Standard and based on supporting medical documentation.

Your Benefits may be subject to an offset based on Social Security payments, retirement Benefits and other disability Benefits.

LTD Benefits can be paid until age 65 or until you are able to return to work after your disability as determined by The Standard. Medical documentation of your disability is required to continue your payment of Benefits. You may learn more about the LTD plan offered by The Standard by visiting: www.standard.com/mybenefits/arizona or calling 1.800.447.3146.

If you are facing a possible long-term disability, you should contact your agency benefit liaison or human resources office within 60 to 90 days from the date of your illness or injury for the information you need to apply for LTD Benefits. This could include a waiver of insurance premiums (while collecting LTD, the LTD carrier may waive your life insurance premiums) or life insurance conversion (converting your supplemental policy from a group policy to an individual one). Although your life and/or disability insurance premiums may be waived, your medical, dental and vision insurance premiums are not waived. You are still responsible for payment of these premiums.

FLEXIBLE SPENDING ACCOUNTS

You have the option to participate in the medical and/or dependent care (child care) flexible spending accounts (FSA) administered by ASI, our Flexible Program Administrator. These accounts allow you to reduce your taxable wages and to save taxes. Here is how these work:

- You must enroll every year – your elections do not carry over to the new plan year.
- You specify the annual dollar amount of your earnings to be deposited to each account. This annual amount is deducted in 26 equal payments, one each pay period.
- The amount is deducted from your check before taxes are taken out, lowering your taxable income and possibly lowering your tax liability.
- Throughout the year, after you incur an eligible expense, you submit a claim form and copies of your invoices to ASI for reimbursement. To ensure that you will be reimbursed for a given expense, you are encouraged to verify the eligibility of the expense on the ASI website, www.asiflex.com, before incurring the expense.
- ASI reimburses you from the money you have set aside in your Flexible Spending Accounts. ASI processes claims for reimbursement on a daily basis.
- ASI offers direct deposit for your reimbursement and email notification of your reimbursement. Complete the application for direct deposit on the ASI website, www.asiflex.com.

Remember: dependent care is for child care and elder care. Dependent medical and/or other expenses should be submitted through enrollment in the medical spending account - not the dependent care account.

It is important to set aside only as much money in your Flexible Spending Accounts as you intend to use each plan year. Beginning in October 2008, the eligible time to utilize services for claims reimbursement for medical account only has been extended to 2 and 1/2 months after the plan year ends. This means you have from October 1, 2008, through December 15, 2009, to utilize services for the plan year beginning on October 1, 2008. All claims for medical expenditures must be filed with ASI prior to the last day of January following the close of the reimbursement period, January 31, 2010, for the plan year beginning October 1, 2008.

Dependent care services must be utilized in the applicable plan year. (For example, child care services must be incurred (provided) between October 1, 2008, and September 30, 2009, for the plan year starting October 1, 2008). Claims for dependent care must be filed at ASI no later than midnight on the last day of December following the close of the plan year. (December 31, 2009, for the plan year beginning October 1, 2008).

MEDICAL AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

	MEDICAL CARE	DEPENDENT CARE
Maximum Contributions	\$5,000 annually	\$5,000 annually (\$2,500 if married and filing separately)
Minimum Contributions	\$130 annually	\$260 annually
Use of the Account	<ul style="list-style-type: none"> * To pay (with pretax money) for health-related expenses that are not covered or only partially covered by your health plans, including expenses for your spouse or children not enrolled in your medical, dental, or vision plans. * To pay for over-the-counter medications that will be used to treat an existing or imminent condition 	<ul style="list-style-type: none"> * Expenses for care, of an eligible dependent, that is provided inside or outside your home. * Care provided for your children under the age of 13 for whom you have custody, for a physically or mentally handicapped spouse or other dependents who spend at least eight hours a day in your home * Dependent care provided so that you can work
Samples of Eligible Expenses	<ul style="list-style-type: none"> * Co-payments * Deductibles * Charges above reasonable and customary limits * Dental fees * Eyeglasses, exam fees, contact lenses and solution, LASIK surgery * Orthodontia * Nonprescription medications (e.g., cold medicines, allergy medicines, antacids, pain relievers) 	<ul style="list-style-type: none"> * Services provided by a day care facility. Must be licensed if the facility cares for six or more children * Babysitting services while you work * Practical nursing care * Preschool
What's Not Covered	<ul style="list-style-type: none"> * Premiums for medical or dental plans * Items not eligible for health care tax exemptions by IRS (e.g., cosmetic surgery) * Long-term care expenses 	<ul style="list-style-type: none"> * Private school tuition including kindergarten * Overnight camp expense * Babysitting when you are not working * Transportation and other separately billed charges * Residential nursing home care
Restrictions/Other Information	<ul style="list-style-type: none"> * See IRS Publication 502 (expenses in this plan qualify based on when the services are provided regardless of when you pay for the expense) or go to ASI's website at www.asiflex.com for specific details on what expenses are allowed * You cannot transfer money from one account to the other * Your election amount may be increased (but not decreased) if you have a Qualified Life Event 	<ul style="list-style-type: none"> * See IRS Publication 503 (expenses in this plan qualify based on when the services are provided regardless of when you pay for the expense) or go to ASI's website at www.asiflex.com for specific details on what expenses are allowed * You may not use the account to pay your spouse, your child who is under age 19 or a person whom you could claim as a dependent for tax purposes * You cannot change your election unless you have a Qualified Life Event

Any monies not claimed by the employee within the specified time period allowed will be forfeited in accordance with the Internal Revenue Service Regulations.

At your request, your FSA reimbursement may be deposited into your checking or savings account by enrolling in Direct Deposit. To obtain an application, visit the ASI website at www.asiflex.com.

Tax Credit

There are additional IRS rules that apply to your Dependent Care Flexible Spending Account contributions. You may be eligible to claim the dependent care tax credit on your Federal income tax return. You may want to consult a tax advisor to determine whether participating in the Dependent Care Flexible Spending Account or taking the dependent care tax credit gives you the greater advantage.

Using Your Flexible Spending Accounts

You have several options for obtaining and filing a claim against your Flexible Spending Account. You may obtain a claim form in the following ways:

- You will be sent an initial packet containing claim forms. These may be copied.
- On the web - You may download a claim form at www.asiflex.com.
- On the phone - You may call ASI at 1.800.659.3035 and request a claim form.
- By mail - You may request a claim form by sending a written request to: P.O. Box 6044, Columbia, MO 65205.

You will need to fill out your claim form and attach copies of invoices for services you received. Fax your claim and documentation, toll-free, to ASI or mail the claim form to the address shown above and wait to receive your reimbursement by direct deposit or check. If you wish to start direct deposit of your reimbursements after the Open Enrollment period, you will need to do so through ASI. The direct deposit request form is available at www.asiflex.com. You may also have your statements sent to you by email. Go to www.asiflex.com and follow the links to sign up. See your agency Benefit liaison if you have questions or problems obtaining or submitting a claim.

FLEXIBLE SPENDING ACCOUNTS (FSA) WORKSHEET

Deciding How Much to Deposit

Calculate the amount you expect to pay during the plan year and calendar years for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed the established IRS calendar year or your employer's plan year limits (Medical limit = \$5,000; Dependent Care limit = \$5,000). Be conservative in your estimates, since any money remaining in your accounts will be forfeited.

TAX-FREE MEDICAL EXPENSE WORKSHEET	TAX-FREE DEPENDENT CARE WORKSHEET
<p>Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year, which is October 1, 2008 through December 15, 2009.</p> <p>YOUR UNINSURED MEDICAL, DENTAL, AND VISION EXPENSES</p> <p style="text-align: right;">\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p> <p>SUBTOTAL Estimated eligible uninsured medical expenses for your period of coverage during the year cannot exceed \$5,000.</p> <p style="text-align: right;">\$ _____</p> <p>DIVIDE by the number of paychecks (26) you will receive during the plan year.</p> <p>This is your pay period contribution = \$ _____</p>	<p>Estimate your eligible dependent expenses for the plan year, which is October 1, 2008 through September 30, 2009.</p> <p>NUMBER OF WEEKS you will have dependent (child, adult or elder) care expenses from October 1 through September 30, for the plan year. <i>Remember to subtract holidays, vacations, and other times you may not be paying for eligible child adult, or elder care.</i></p> <p style="text-align: right;">Weeks _____</p> <p>MULTIPLY by the amount of money you expect to spend each week</p> <p style="text-align: right;">\$ _____</p> <p>SUBTOTAL Remember, your total contribution cannot exceed IRS limits for the calendar year and your employer's plan year.</p> <p style="text-align: right;">\$ _____</p> <p>DIVIDE by the number of paychecks (26) you will receive during the plan year.</p> <p>This is your pay period contribution = \$ _____</p>

QUESTIONS AND ANSWERS:

Older Child (Over 18 and under 25)

1. If new hires have dependents 19 to 24 years old not attending school, will they be covered?
Answer: No, the new rule states that non-fulltime students over 18 and under 25 years of age must have been covered by the ADOA plan when the child was 18 years of age.
2. When does the 25 year old dependent's coverage end? Birthday? End of birth month?
Answer: Coverage will end at 11:59 p.m. the day before the dependent turns 25 years old.
3. Are non-fulltime students between the ages of 19 to 24 covered out of state?
Answer: Only if they are full-time students. The new rule requires non-fulltime students over 18 and under 25 years of age reside in the State of Arizona.
4. Some current employees that have older dependents that were enrolled in their plan at 19 or older, with the new rules can they enroll them on their benefits during Open Enrollment?
Answer: No, dependents, according to the new rule, have to be on an ADOA plan when the child was 18 years of age. A.A.C. R2-5-101
5. What documentation will be required for dependents that are over 19 and non students?
Answer: Birth certificate or documents proving eligibility as required by ADOA.
6. Do older non-fulltime student dependents (over 18 and under 25 years of age), need to reside in the same household as the employee? *Answer: No, but they do need to reside in the State of Arizona.*
7. If an employee gets married, can the employee add an over 18 and under 25 years of age dependent of the new spouse? *Answer: Yes, if the dependent is a fulltime student. No, if the dependent is not a fulltime student and was not covered under an ADOA plan when the child was 18 years of age.*

Domestic Partners

8. If domestic partners are legally married in another state, do they have to complete the same paperwork? *Answer: Yes, and they will need to meet the requirements as outlined in the rules. A.A.C. R2-5-101.*

9. Do dependents of domestic partners have to reside with the member? *Answer: No, but non-fulltime students have to reside in the State of Arizona. Fulltime students can reside out of the State of Arizona.*
10. Will we have a specific phone number that employees can call to obtain information on domestic partners and older children? *Answer: Call BenefitOptions at (602) 542.5008 and select option "0" for eligibility questions relating to coverage for domestic partners and older children.*
11. If a domestic partner has been living with someone for 9 months on October 1st, can they enroll their domestic partner 3 months after October 1st as a Qualified Life Event? *Answer: Yes.*
12. Are children of a domestic partner covered? *Answer: Yes, if they fall under the definition of a 'child'. A.A.C. R2-5-101.*
13. Will the domestic partner paperwork need to be notarized? *Answer: Yes*

Wellness

14. Will a Wellness Event Attendance Policy be put in place Statewide? *Answer: It has been proposed but at this time there is no plan to put one in place. Check for your individual agency's policy.*
15. Will Wellness programs be available in the rural areas? *Answer: Yes, ADOA is focusing on promoting more Wellness events with increased participation in all rural areas.*

Audit process

16. Will we be auditing the benefits elections for each employee? *Answer: Any employee with dependents will be considered for audit.*
17. During the audit process, will they be auditing student status verification? *Answer: It is possible that it will be a requirement; we are working through that process and may find that the vendor records can be reviewed to verify student status.*

Other

18. What is the date for the appeals process? *Answer: September 10 through October 27th (subject to change).*



Arizona Department of Administration
Benefit Services Division
100 N. 15th Ave #103
Phoenix, AZ 85007

EXPERIENCE THE POWER OF CHANGE



MAYO CLINIC
Health Risk
Assessment

Benefit Options

Choice. Value. Health.

Log on to: www.bewellstaywell.az.gov